materially; indeed she was rather full and plethoric. Whenever the pain was violent, nothing appeared to give so much ease as pressure on the abdomen. The appearance of the enlargement and the attending pains might have deceived a young practitioner, and have led to a suspicion of pregnancy and uterine action. The recollection therefore of the possibility of similar cases to the above, may prove extremely useful, and on that account, this case may be deemed worthy of a place in the *Repository*.

Art. VI.

Case of extraordinary Accumulation and Retention of Urine. By J. G. De Merveilleux, Jun., Stamford, Lincolnshire, Member of the Royal College of Surgeons in London.

Bridget Hill, aged forty-five years, a poor woman belonging to the parish of King's Cliffe, Northamptonshire, seven miles from Stamford, ten days after her delivery was attacked with retention of urine, which had continued five days, when I was called to see her on the 28th of January, 1816. She had frequent vomiting and hiccup, and a weak tremulous pulse beating 100 strokes in a minute. The abdomen appeared as large as in an extreme case of ascites. There was a little urine evacuated a short time before I saw her.

I immediately introduced the catheter, while, as the urine was flowing, an assistant applied steady pressure on the parietes of the abdomen. *Sixteen pints*, as measured by Mr. Wood of King's Cliffe and myself, of dark-coloured and offensive urine were evacuated. Fearful, lest the sudden evacuation of so large a body of fluid might be productive of evil consequences in the reduced state of my patient, I applied a bandage round the abdomen to keep up a gentle pressure; a little aperient medicine was ordered, as there had been no evacuation during the retention; and the tinctura ferri muriatis was given three times a day. The catheter was continued for six days, and on the seventh, the patient was able to void her urine without any assistance. She has since remained in perfect health.

Art. VII.

Letter from Mr. Richard Rawlins, Surgeon, &c. Oxford, to One of the Editors, on his Invention of the Reflected Forceps.

Sir, I find, in the *London Medical Repository*, vol. viii. p. 70, Dr. Davis announced as the original inventor of the

reflected forceps for delivering the heads of children in their birth, after the use of the perforator in craniotomy; and, as a reward, he acknowledges having received a gold medal from the Society for the Encouragement of the Arts and Sciences. Now, Sir, I beg to assure you I made this discovery many years since; and, as far back as the year 1793, published an account of it in a *Dissertation on the Obstetric Forceps*, addressed to Dr. Wall of Oxford. I have had the pleasure of shewing you the instrument, likewise the handsome mention made of me in a Latin Treatise by Dr. Mulder*, upon the various improvements made upon this instrument since its first discovery, as also of leaving for your inspection the Dissertation above referred to. I therefore trust you will take an early opportunity of informing the public who was *the real first inventor of the reflected forceps*. I intend making my claim known at the office for the Society for the Encouragement of the Arts and Sciences.

I am, Sir, very respectfully, your's,

RICHARD RAWLINS.

July 29, 1817.

*** We have seen the instrument to which Mr. Rawlins refers in his letter, and likewise his Dissertation. When we published, in our RETROSPECT of last July, the account of Dr. Davis' forceps, we were not aware of the existence of Mr. Rawlins's; or we would have noticed the invention of that venerable accoucheur.

It has always been our intention to give an accurate engraving of Dr. Davis' Instrument; and this letter of Mr. Rawlins has induced us no longer to delay it, in order that the respective merits of each forceps may be before the public. For an explanation of that which the latter gentleman claims as an original invention, we refer to his Dissertation, (plate II).

So far as that both blades of the forceps are parallel, with a locking part common to each, and that they are introduced one within and one without the cranium, so as to embrace a portion of the cranium of the fœtus, the design of both forceps is nearly analogous. But the inner blade of Mr. Rawlins' forceps, it will be seen, is much shorter than the outer; and although the insides of the points be corrugated, to give a firmer hold of the parts, yet, in this and some other particulars, the forceps of Dr. Davis appears to have decided advantages over that of Mr. Rawlins.

As to the question of originality of invention, we must leave

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* *Historia Literaria et Critica Forcipum et Vectium Obstetriciorum.* Auctore Johanno Mulder, Lugduni Batavorum, 1794.

that where we found it; remarking only, that we have seen the several forceps exhibited by Dr. Davis to the Society of Arts, &c. shewing his progressive improvements of the instrument; and we have too high an opinion both of his talents and character to think that he has occasion to resort to plagiarism, or that he would wish to usurp any merit to which another has a just claim.—EDITORS.

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23. VIII.

An Explanation of Dr. DAVIS's Craniotomy Forceps.

(With a Plate.)

FIG. 1.—The SINGLE CURVED CRANIOTOMY FORCEPS.

a.—The external blade and handle.

b c.—A strait line drawn between the extreme points at the ends respectively of the external blade and its handle, and subtending the curve of the instrument. This line measures thirteen inches, and gives the greatest length of the forceps

d e.—A line drawn at right angles at *d*, from the subtending line *b c*, to the outside of the external blade, measuring $1\frac{7}{8}$ inch, shewing the extreme curve of the instrument at this part. N.B. The line *d e*, as represented in the above engraving, measures two inches; but this deception arises from the instrument being seen a little in perspective for the convenience of shewing its grasping surfaces.

f.—The dotted lines from the angle at *f*, are intended to direct the reader's attention to the grasping part of the external blade. This part of the external blade is hollowed out like a spoon; from the bottom of which, project seventeen sharp and angular teeth. The points of the teeth are under the level of the brim, so as to enable the operator to introduce this blade at pleasure without the risk of injuring the mother.

g h.—A strait line drawn between the extreme points of the internal blade and its handle. This line measures $12\frac{3}{4}$ inches.

i k.—A line drawn at right angles at *i* from the line *g h*, to shew the curve at this part of the instrument. The dimensions of curves are usually expressed, by stating those of the circles of which they are segments; but as in this instance the curve is considerably greater at the blade than at the shank part of the instrument, and scarcely the same at any two points, such precision could not have been conveniently attained. The line *i c*, including the thickness of the instrument at *k*, measures one inch. The thickness of the instrument at this part, is $\frac{1}{4}$ $\frac{1}{8}$ of an inch. At two inches nearer the handle, it is full $\frac{1}{3}$ of an inch.

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